

**Return completed forms to:**

Wisconsin Department of Natural Resources  
Bureau of Drinking Water & Groundwater – DG/5  
PO Box 7921, Madison, WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

**High Capacity, School or Wastewater Treatment Plant  
Well Approval Request**

Form 3300-295 (R 5/15)

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**Notice:** Pursuant to §§ NR 812.09(4)(a) & (b), Wis. Adm. Code, prior Department of Natural Resources (DNR) approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells, a school well or a wastewater treatment plant well. This form is required to be completed to request approval for installation of a well or wells on a high capacity property, to modify a well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (s.19.31-19.39, Wis. Stats.).

**Applicant Information**

Name and Title		Company	
Street Address		City	State ZIP Code
Phone Number (include area code)	Fax Number	Email Address	

**Owner Information (if different than applicant)**

Name and Title		Company	
Street Address		City	State ZIP Code
Phone Number (include area code)	Fax Number	Email Address	

**Operator Information (if different than owner)**

Name and Title		Company	
Street Address		City	State ZIP Code
Phone Number (include area code)	Fax Number	Email Address	

**Submittal Purpose**

Check all that apply

- ☐ **Non-Potable Well(s)** ☐ **Potable Well(s) Requires Potable Attachments**
- ☐ Install one or more new wells with a capacity greater than 70 gallons per minute.
- ☐ Install one or more new wells with a capacity less than 70 gallons per minute on a high capacity property.
- ☐ Replace one or more wells with a capacity greater than 70 gallons per minute.
- ☐ Replace one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- ☐ Reconstruct one or more wells with a capacity greater than 70 gallons per minute.
- ☐ Reconstruct one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- ☐ Increase pumping rate in one or more wells to a rate greater than previously approved.
- ☐ Renew a previous approval that has expired.
- ☐ Other (please describe: School, WWTP etc.) \_\_\_\_\_

**Project Description**

Provide a brief description of the proposed project including the number of potable wells to be installed. For non-potable wells include number of acres and expected crop rotation for agricultural irrigation wells. For potable wells serving livestock note if the facility is currently or plans to become a concentrated animal feeding operation (CAFO).

**Required Enclosures**

- |  |   |
|--|---|
| <input type="checkbox"/> High Capacity Well Application (Form 3300-295)              | <input type="checkbox"/> Potable Attachment: if a proposed well is potable (Form 3300-295A) |
| <input type="checkbox"/> \$500 application fee (see s. 281.34 (2), Wis. Stats.)      | <input type="checkbox"/> Aerial or Plat Map with property boundaries outlined               |
| <input type="checkbox"/> Well Construction Reports (if available) for existing wells | <input type="checkbox"/> Variance Request, if needed (Form 3300-210)                        |

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This form is used to request an approval for the construction or reconstruction of a well or wells on a high capacity property, to modify an existing well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. The following information will be scanned and posted as a public record on our website. Return completed application to:

Wisconsin Department of Natural Resources  
Bureau of Drinking Water & Groundwater - DG/5  
PO Box 7921  
Madison, WI 53707-7921

**Applicant Information**

Name and Title	Company
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**Owner Information**

Name and Title	Company
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County	Town N	Range ○East ○West	Section	High Capacity Well File No. (if applicable)
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Yes No

- ☐ ☐ Is a proposed well within 1,200 feet of a landfill? Landfill location: (Township/Range/Section): T R S
- ☐ ☐ Are you aware of any existing well installations on the high capacity property that are out of compliance with Chapter NR 812, Wisconsin Administrative Code? If yes, attach a description of the non-complying wells.

**Existing Well Information**

Enter the following information for all **existing** wells on the property and any contiguous property owned by the applicant.

**Note: Applications are not complete unless they specify water use, pump capacities and GPS locations of existing wells.**

Well Name and/or Number assigned by Owner	Water Use Code(s)	High Capacity Well Number	Pump Capacity (gpm)	Existing Well Coordinates Decimal Degrees Preferred (e.g. 45.1234, -89.1234)		WUWN or WCR Image File # (if known)
				Latitude	Longitude	

**Additional Project Information**

Include any additional relevant information regarding this project such as existing wells to be abandoned, proposed non-standard construction methods or pending ownership changes

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## Date